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\*\* CONTINUING DATA \*\*\*\*\* *verified AB*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *verified AB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 10/29/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Amal Bhattacharya</i> Initials <i>AB</i>	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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TITLE  
 Head motion estimation from four feature points

FILING FEE  RECEIVED 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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